

Name In Full

William John Bergner

Died at

Ches. Beach Calvert

MARYLAND

Date 19

05, August 14<sup>th</sup>

Age

26

Belt 3rd Baker

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Herbert A. Bergner

Mother's

Maiden Name

Rebecca Pitter

Cause of

Primary

Concussion of Spinal Column 22 hrs.

Death

Immediate

Syncope

How long sick

Accident, Suicide, Homicide

Reported by

W. A. Talbot A. M. D.

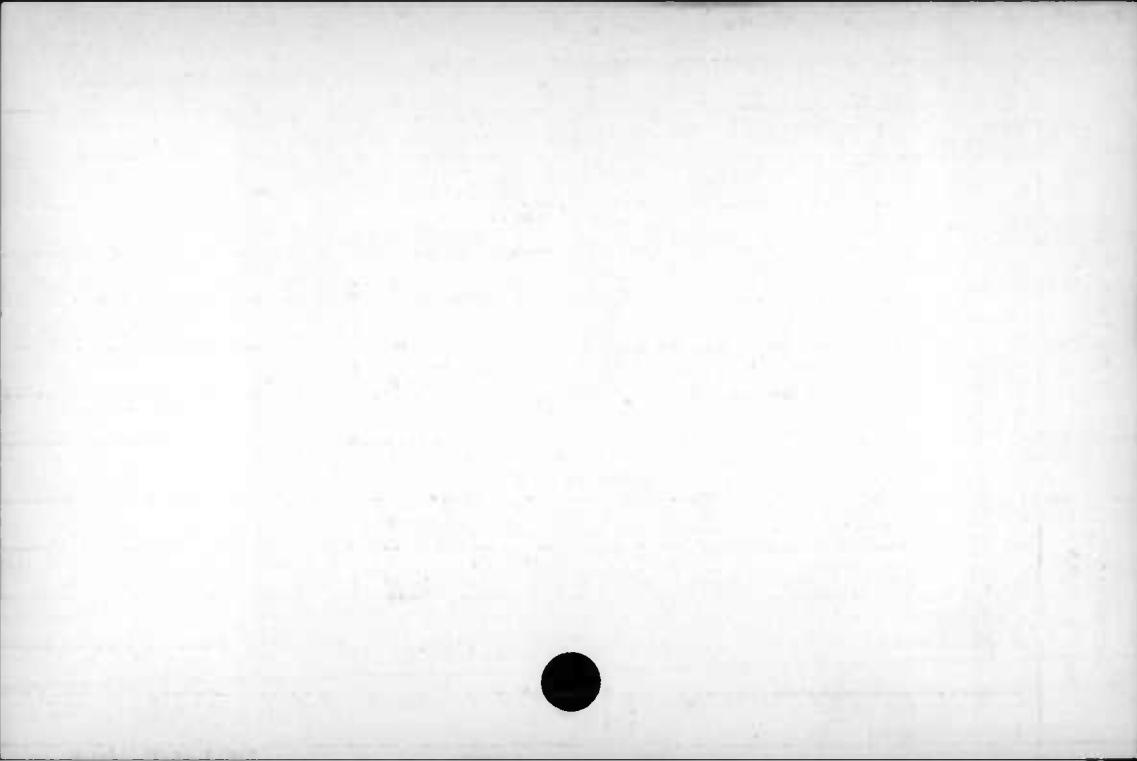
Address

Ches Beach Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Barbara Catharine Borden				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death 190		Month	Day	Age	Months	Days
		Sex		Color or Race		Birth-place		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
		Name of person giving information		How related to deceased				
		<div style="text-align: center;">CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER		Primary			How long			
		Immediate			How long			
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
					Address			
		Accident or Suicide?						



Name  
in  
Full

Abraham Cook

23  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Town			County			MARYLAND	
Died at <i>St Leonard</i>			<i>Calvert</i>				
Date	Month	Day	Years	Months	Days		
of death	<i>1905</i>	<i>August</i>	<i>30</i>	<i>65</i>			
Sex	<i>male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Calvert Co.</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			<i>at place of death</i>
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Rachel</i>			
Father's Name	<i>Abraham Cook</i>					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>Thomas Parson</i>					How related to deceased	<i>None</i>

## CAUSES OF DEATH

Primary	<i>Brain &amp; heart trouble</i>	How long	<i>1 year or more</i>
Immediate	<i>Convulsions</i>	How long	

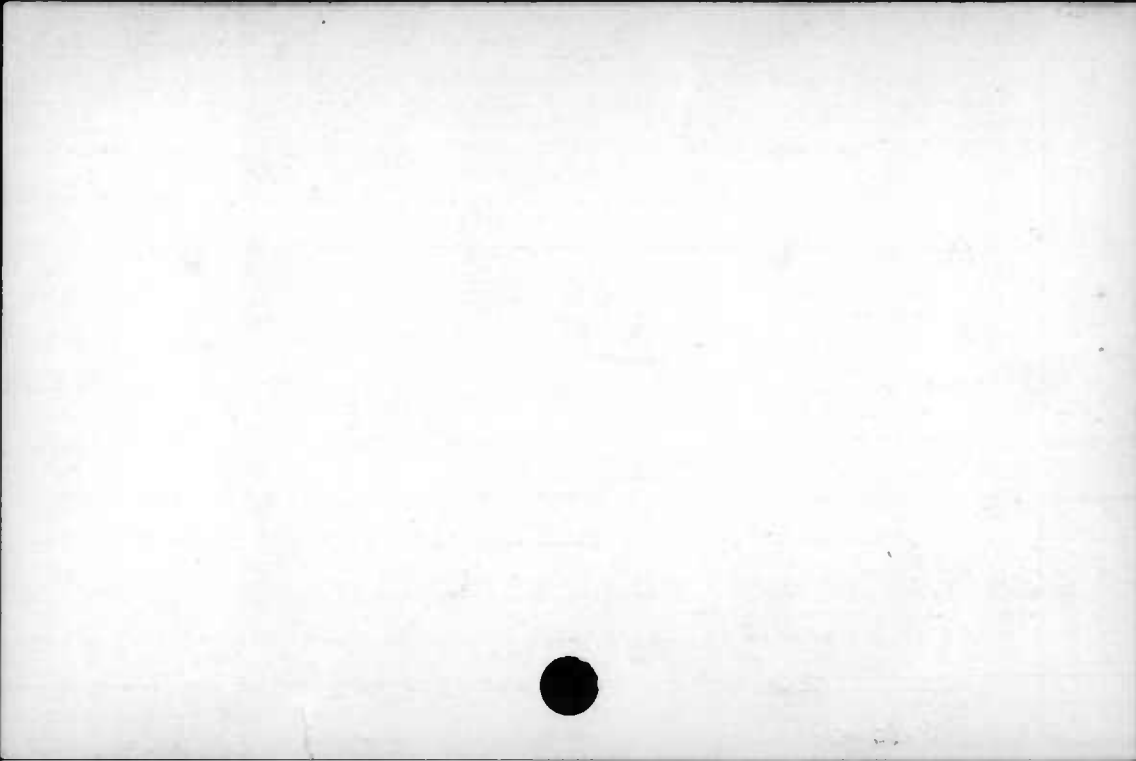
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

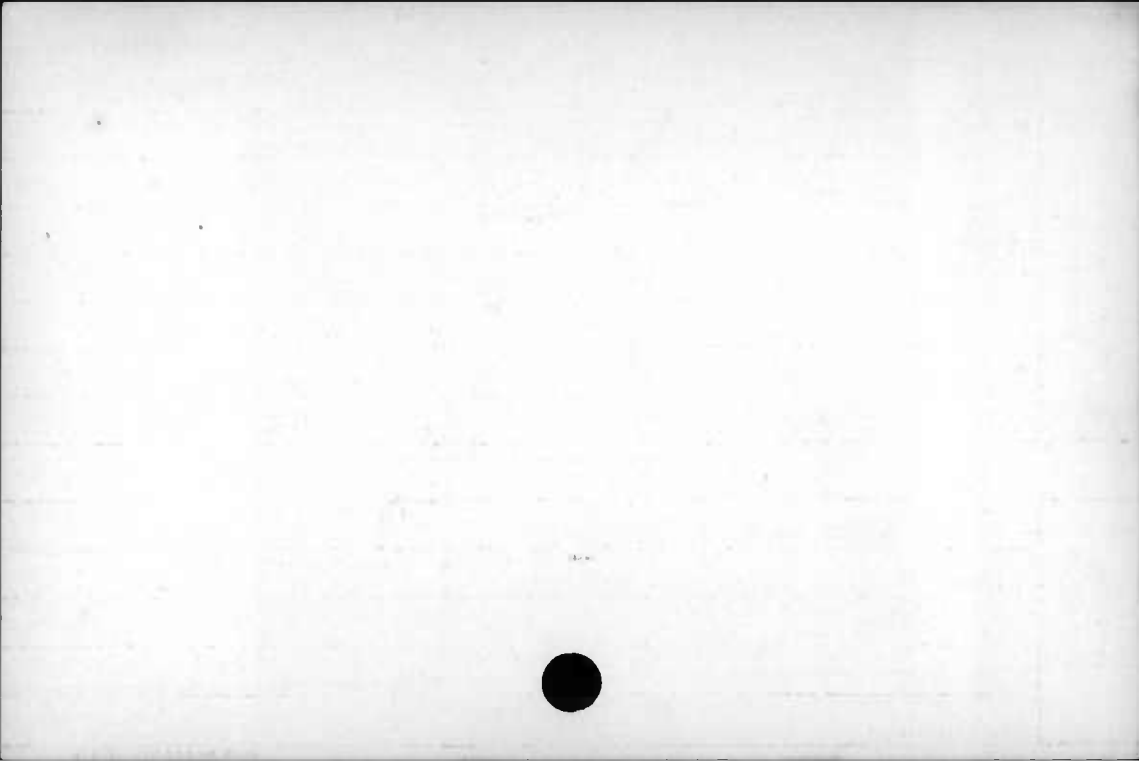
Address

Accident or Suicide?

*J. Thomas Parson, Undertaker*

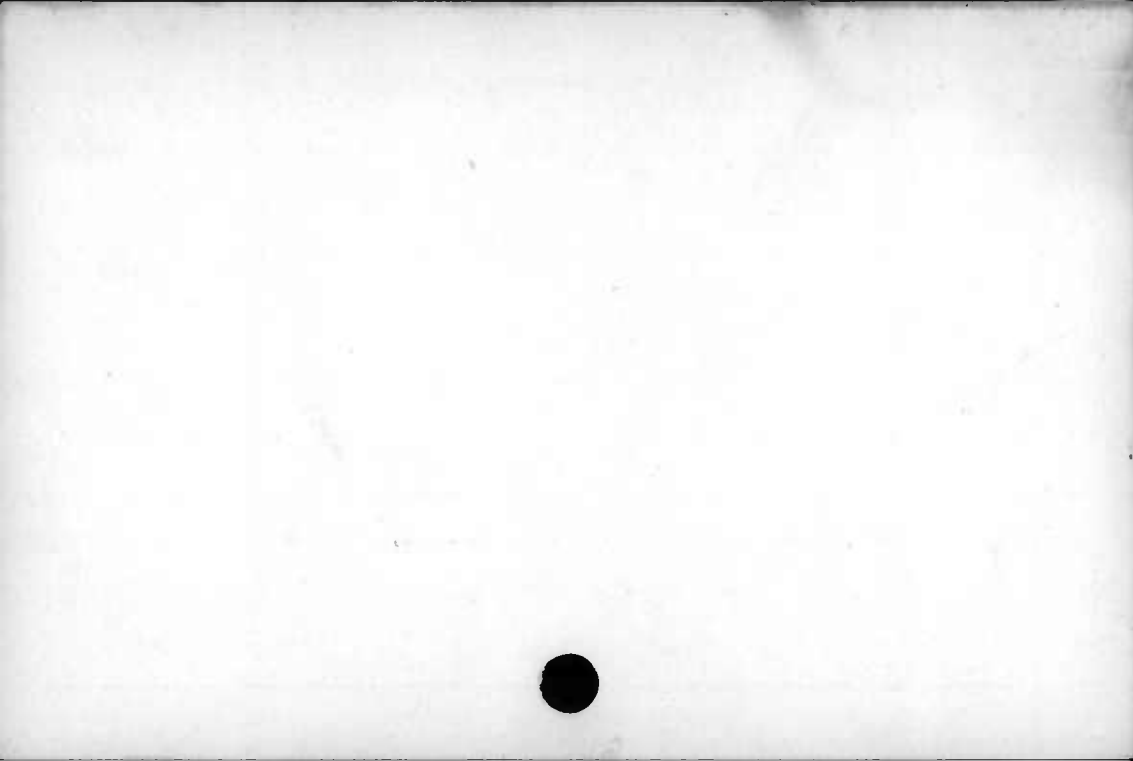


Name in Full <b>Grace Maria Douglass</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Clinton</b> Town		<b>Calvert</b> County		MARYLAND
	Date of death 190 <b>5</b> Month <b>Aug.</b> Day <b>28</b> Age <b>8</b> Years	Months <b>-</b> Days <b>-</b>			
	Sex <b>Female</b>	Color or Race <b>Colored</b>	Birth-place <b>St. Marys Co</b>		
	Married, Single or Widowed <b>Single</b>		Occupation <b>-</b>		
	Name of Wife or Husband <b>-</b>				
	Father's Name <b>Wm. Henry Douglass</b>		Father's Birthplace <b>St. Marys Co</b>		
	Mother's Maiden Name <b>Ida A. Tolson</b>		Mother's Birthplace <b>St. Marys Co</b>		
Name of person giving information <b>Wm. H. Douglass</b>		How related to deceased <b>Father</b>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <b>Consumption</b>		How long <b>About 6 mos.</b>		
	Immediate <b>Exhaustion</b>		How long <b>-</b>		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>G. F. Chambers M.D.</b>		
			Address <b>Lucy Calvert Co</b>		
Accident or Suicide? <b>-</b>					





Name in Full		Town				County		CERTIFICATE OF DEATH	
		None				Calvert		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months	Days
		1905		August	13		0	1	
Sex		Color or Race		Birth-place					
Male		White		Mt Harmony					
Occupation		Where Residing if not at place of death							
None		"			"				
Married, Single or Widowed		Name of Wife or Husband							
"		"			"				
Father's Name		Father's Birthplace							
Jacob H Dowell		"			"				
Mother's Maiden Name		Mother's Birthplace							
Mary F Ward		"			"				
Name of person giving information		How related to deceased							
Jacob H Dowell		Father							
CAUSES OF DEATH									
Primary		How long							
Unknown		17							
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
yes		Jane Reed							
		Address							
		Mt Harmony Calvert Co							
Accident or Suicide?									



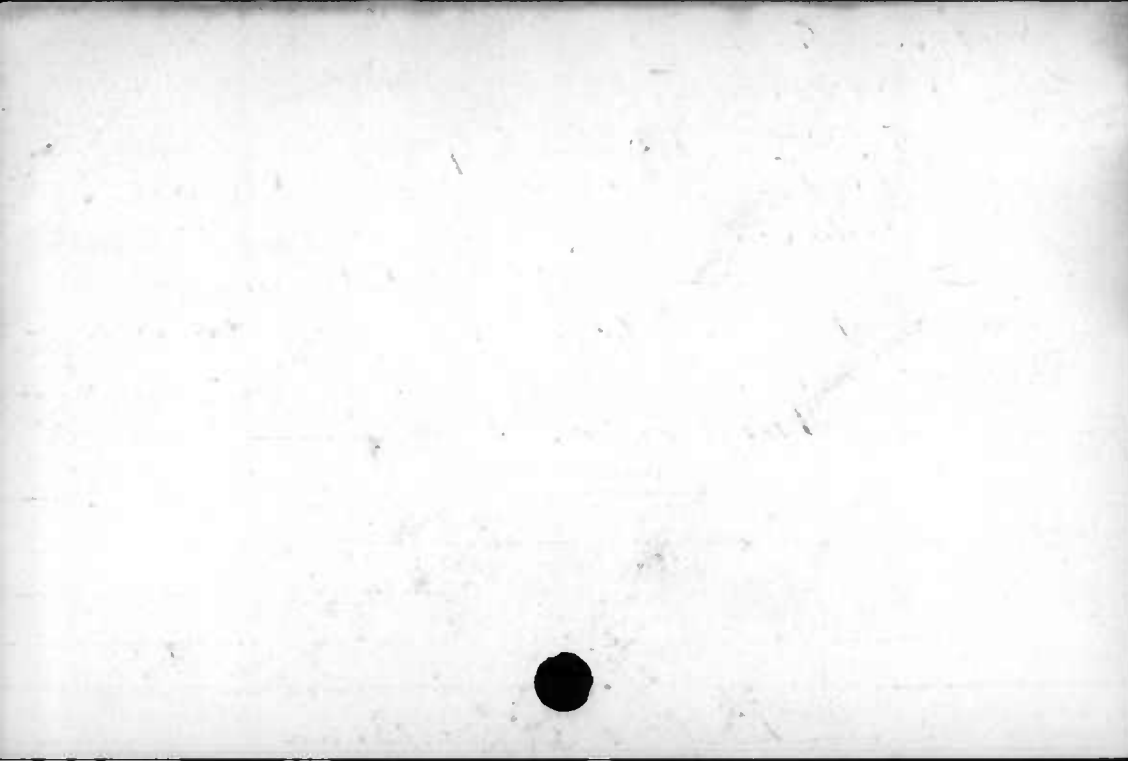
Name  
in  
Full21  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near initial</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1905 Aug</i>	Month	Day <i>12</i>	Age <i>79</i>	Years	Months
Sex <i>male</i>	Color or Race <i>colloid</i>		Birth-place <i>Calvert</i>		
Occupation <i>farmer</i>			Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Carrie Eagans</i>			
Father's Name <i>Harrie Eagans</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Lane</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Thos. Brooks</i>			How related to deceased <i>" "</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Not Known</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		<i>D Brooks &amp; Bros</i>



Name  
in  
Full

Archie Melvin Elliott

20

## CERTIFICATE OF DEATH

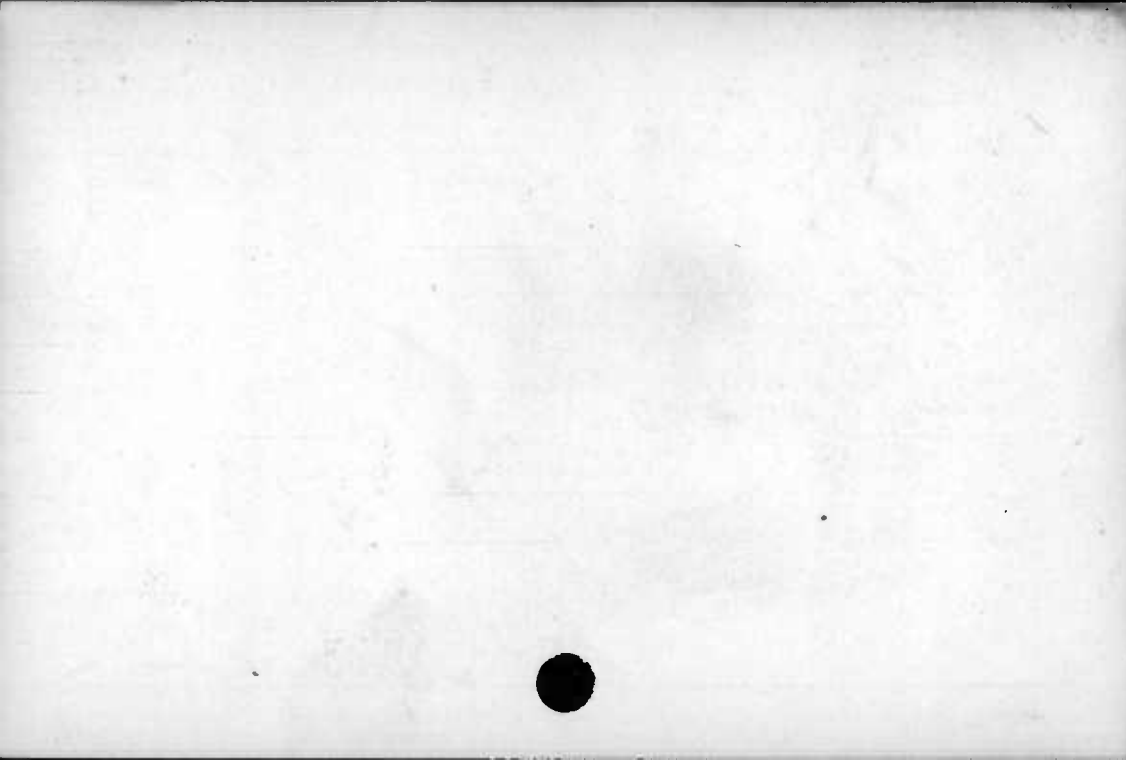
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brown's Island</u>		County <u>Queen</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>17</u>	Age <u>6</u>	Years <u>5</u>	Months <u>5</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Brown's Island</u>		
Occupation <u>Chis foot</u>			Where Residing if not at place of death <u>Brown's Island</u>		
Married, Single or widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>David T. Elliott</u>			Father's Birthplace <u>Brown's Is.</u>		
Mother's Maiden Name <u>Emma Patton</u>			Mother's Birthplace <u>St. Mary's Co</u>		
Name of person giving information <u>David T. Elliott</u>			How related to deceased <u>Father</u>		

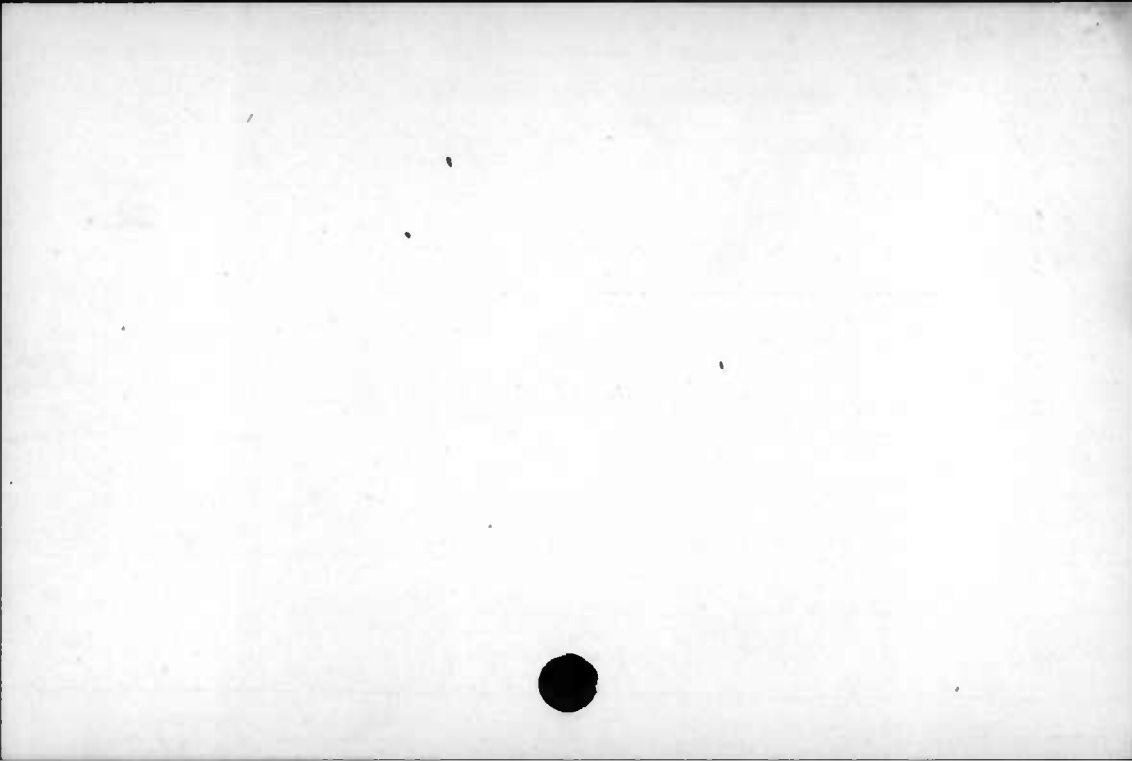
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid</u>	How long <u>17</u>
Immediate	<u>Heart failure</u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. H. H. H. H.</u>
		Address <u>Wm. H. H. H. H.</u>
Accident or Suicide? <u>Accidental drowning</u>		



Name in Full		Maurice Gott				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Perran		Cal.				
	Date of death	1905	Month	Aug	Day	10	Age
					Years	Months	Days
						4	15
	Sex	Female	Color or Race	white		Birth-place	Cal. les
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		John Gott		Father's Birthplace		Cal. les	
Mother's Maiden Name		Nora Gott		Mother's Birthplace		" "	
Name of person giving information		Morris Brooks		How related to deceased		none	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastro Enteritis due to		How long	27 months		
	Immediate	improper food		How long			
	Are the name, age, sex, color, date and place correctly given above?		pb		Signature of Physician		
					Address		
					Sub Regt		
Accident or Suicide?							





Name in Full

Certificate of Death **22**

Un named child of James L. Gott

Town

County

Died at

Mud at

Calvert

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

05- Aug 27

Age

\_\_\_\_\_

Mid

\_\_\_\_\_

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

None

Husband of

Wife

Father's

Name

Geo. L. Gott

Mother's

Maiden Name

Fannie B. Gott

Cause of

Primary

Unknown

How long sick

Death

Immediate

G.

Accident, Suicide, Homicide

Reported by

P. B. Brown

Address

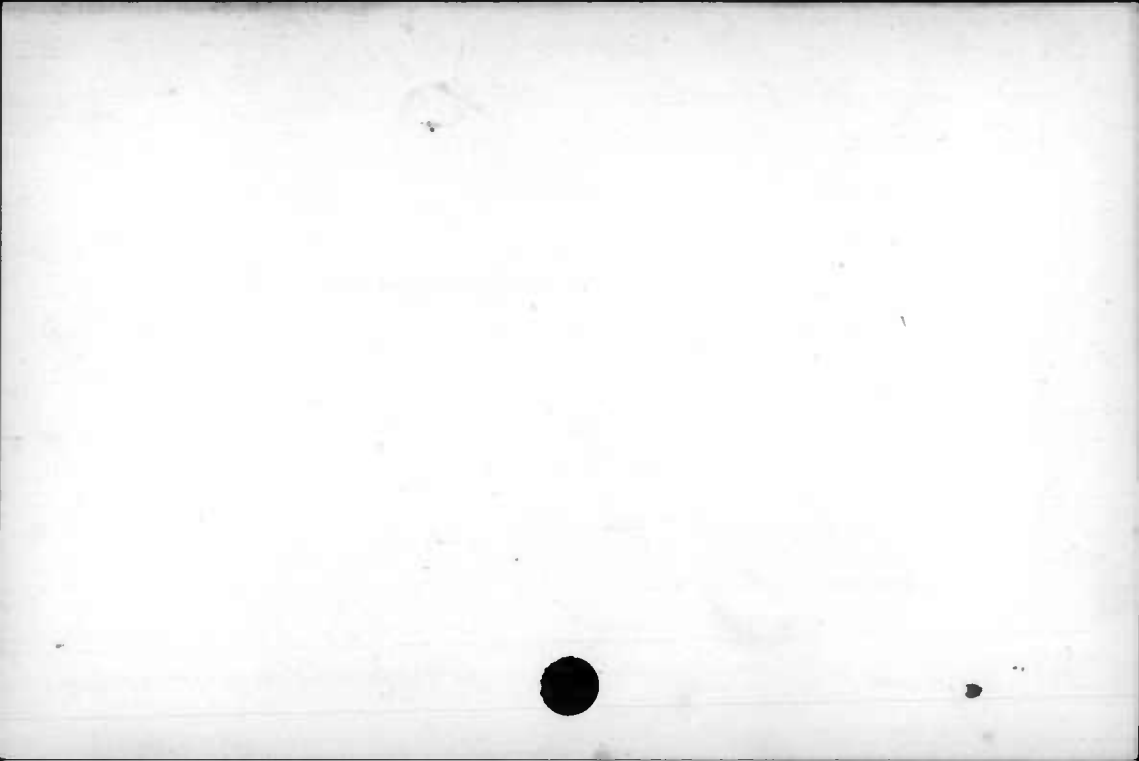
Mud at  
Calvert  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	John J. Grover		Calvert		MARYLAND
	Died at <i>St. Harmony</i>		County		
	Date of death	1905 Aug 13	Age	59	Months 9 Days 7
	Sex	Male	Color or Race	White	Birth-place
	Occupation	Farmer		Where Residing if not at place of death	
	Married, Single or Widowed	Widowed	Name of Wife or <del>Husband</del> Elizabeth C. Stevens		
	Father's Name	John A. Grover		Father's Birthplace Calvert Co.	
	Mother's Maiden Name	Matilda J. Blunt		Mother's Birthplace Calvert Co.	
Name of person giving information	Miss Mary A. Grover		How related to deceased Daughter		
CAUSES OF DEATH <i>NO</i>					
PHYSICIAN OR CORONER	Primary	Cancer of the Stomach			How long 8 mos.
	Immediate	Indigestion and Exhaustion			How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		Wm. M. Channing		
	Address		Channing, Md.		
Accident or Suicide?					



Name  
in  
Full

Sarah P. Hardesty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sunderland <sup>Town</sup> Culbert <sup>County</sup> **MARYLAND**

Date of death 1905 <sup>Month</sup> Aug. <sup>Day</sup> 24 <sup>Years</sup> 27 <sup>Months</sup> 00 <sup>Days</sup> 00

Sex Female Color or Race White Birth-place Cul. lev.

Occupation wife Where Residing if not at place of death same

Married, Single or Widowed Married Name of Wife or Husband James Hardesty

Father's Name William lev. Father's Birthplace Cul. lev.

Mother's Maiden Name same Mother's Birthplace same

Name of person giving information Jas. Hardesty How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

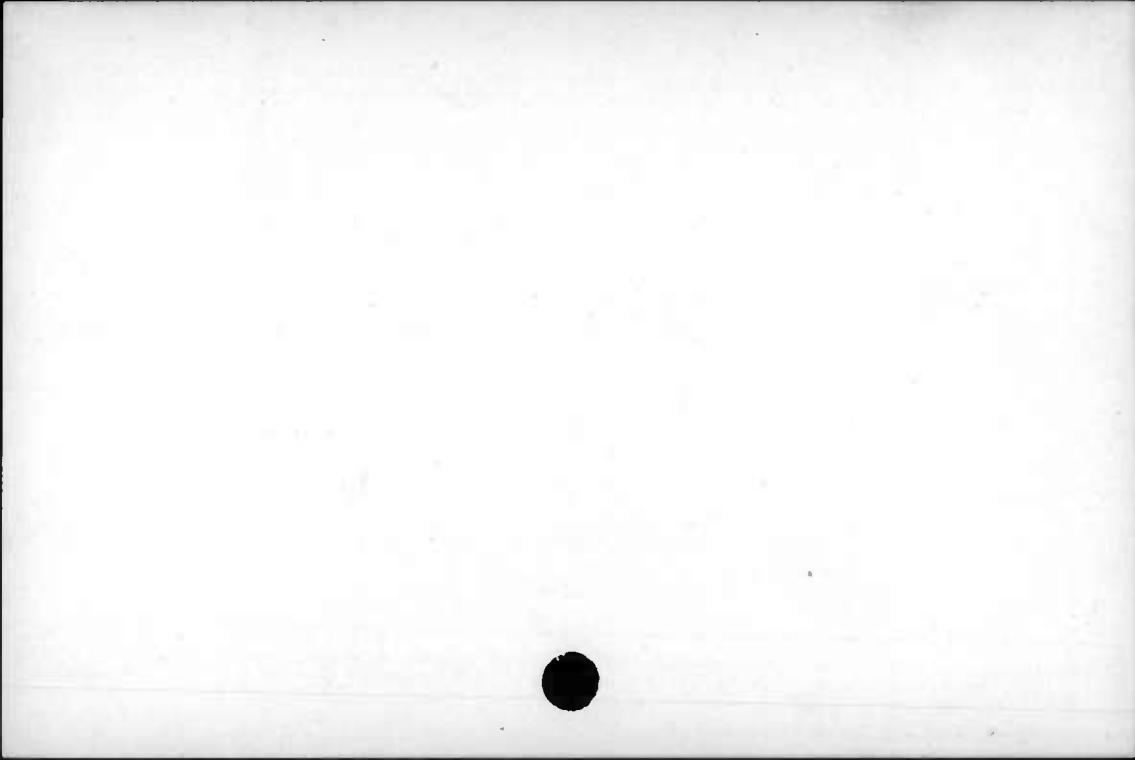
Primary Typhoid fever How long 20 days

Immediate Hemorrhage How long 3 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. W. Leitch Address Huntingtown

Accident or Suicide? No



Name  
in  
Full

## CERTIFICATE OF DEATH

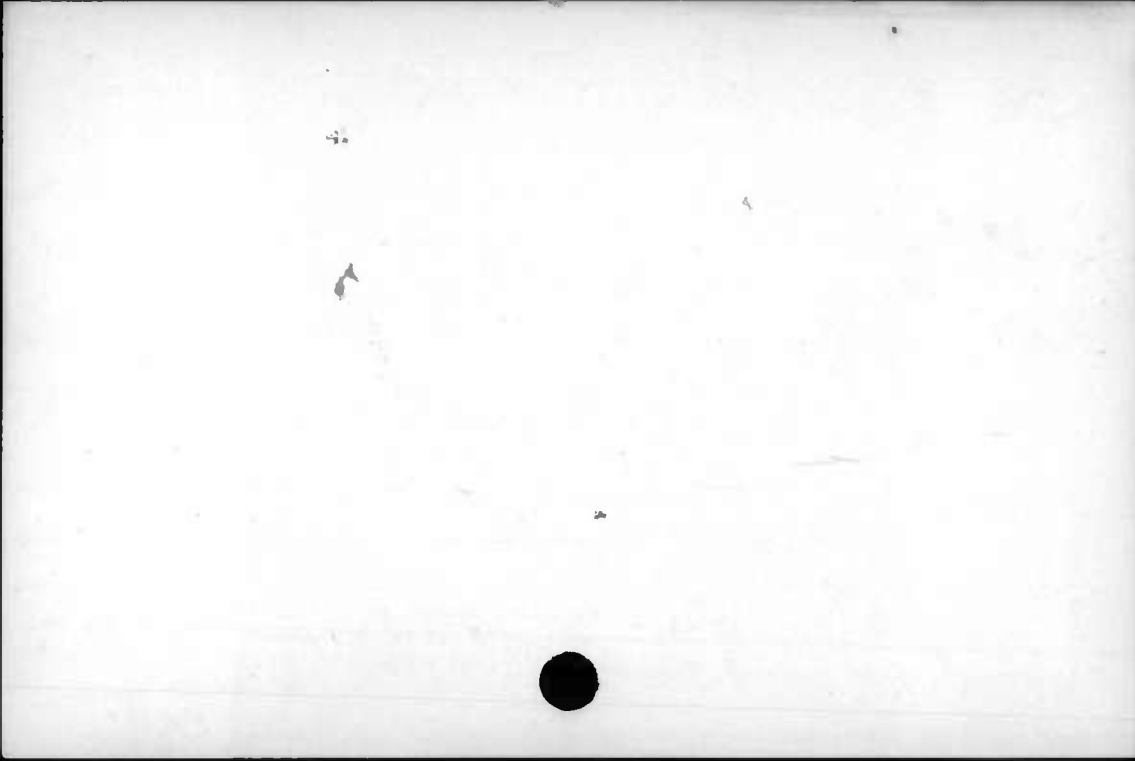
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Richman</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>Aug</i>	Day <i>11</i>	Age	Years <i>1</i>	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cal. Cal.</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Walter Stimmell</i>				Father's Birthplace <i>Cal. Cal.</i>			
Mother's Maiden Name <i>Emma King</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Frank Broome</i>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Whooping cough</i>	How long <i>2 month</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. W. Litch</i>
		Address <i>Huntingtown Md.</i>
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Ches. Beach* <sup>Town</sup> *Calvert* <sup>County</sup>Date of death *1905 August 6<sup>th</sup>* <sup>Month</sup> <sup>Day</sup> <sup>Years</sup> *Age 30* <sup>Months</sup> <sup>Days</sup>Sex *Female* Color or Race *White* Birth-place *Huntington, Md.*Occupation *Housekeeper* Where residing if not at place of deathMarried, Single or ~~Widowed~~ Name of Wife or Husband *Charles S. Stinebaugh*

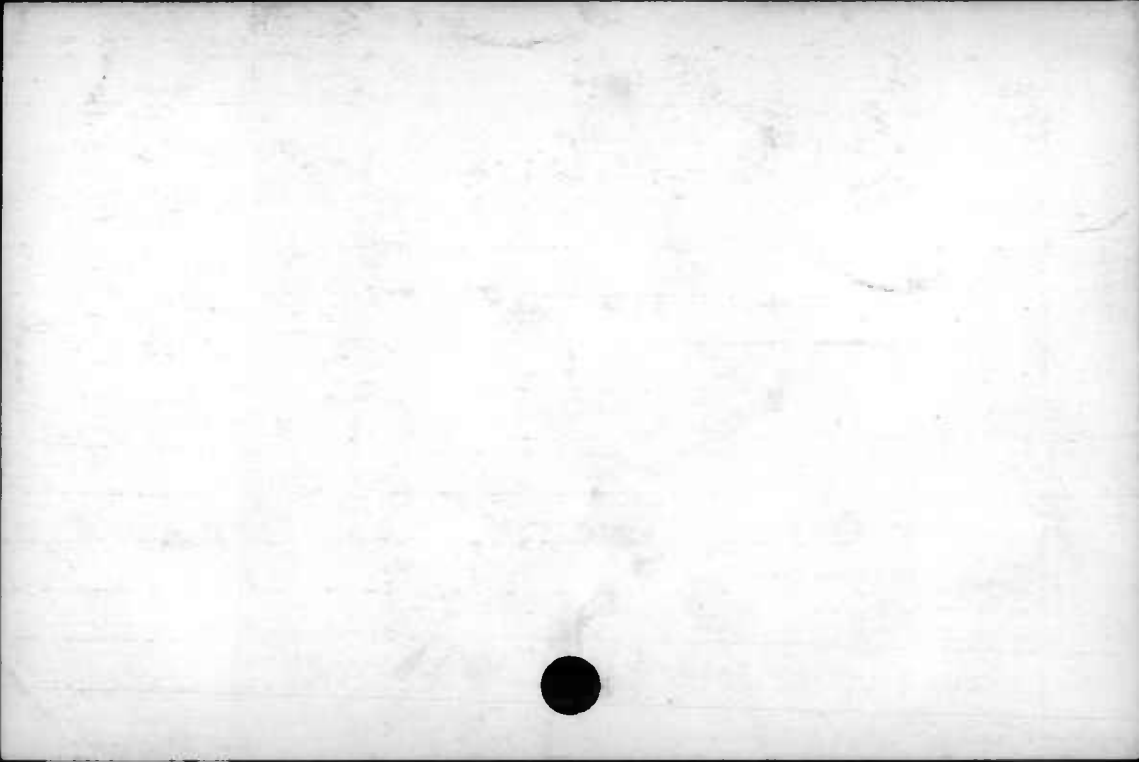
Father's Name Father's Birthplace

Mother's Maiden Name *Pallie Hooper* Mother's BirthplaceName of person giving information *Charles S. Stinebaugh* How related to deceased *Husband*

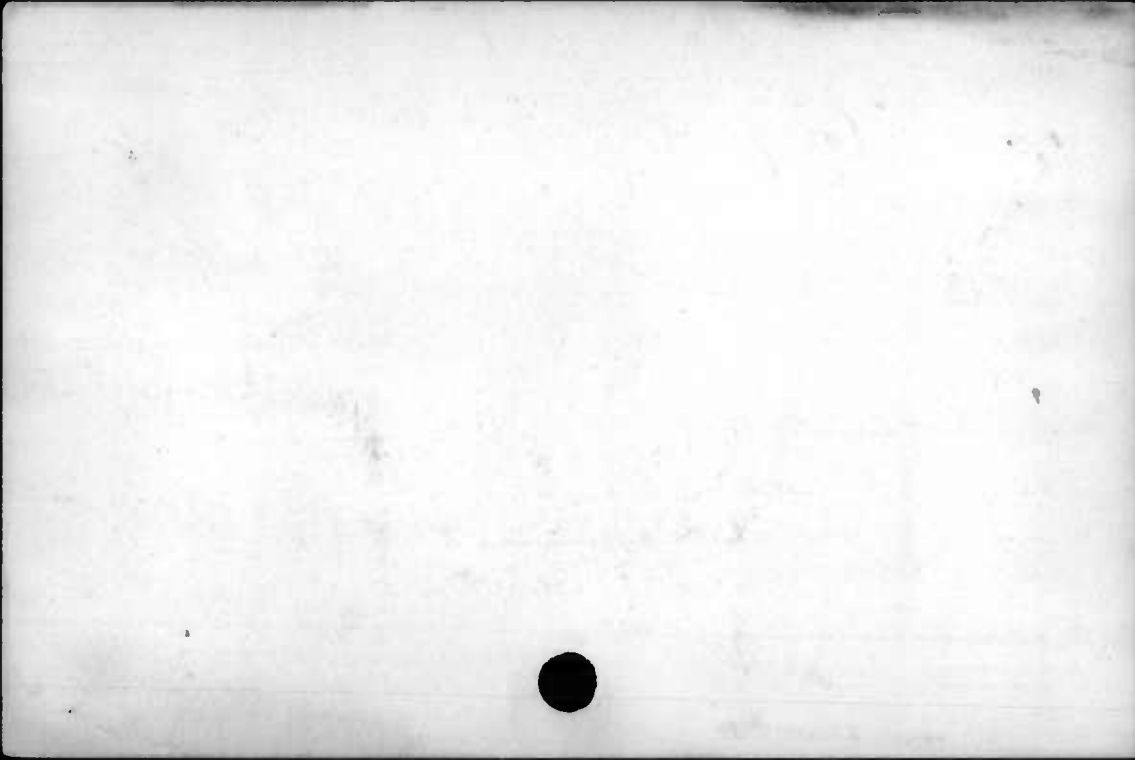
## CAUSES OF DEATH

Primary *Miscarriage* *(134)* How long *4 days*Immediate *Syncope* How long *15 minutes*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Wm. H. Talbot, M.D.*Address *Ches Beach Md.*

Accident or Suicide?



Name in Full		Joshua Wilson		19		CERTIFICATE OF DEATH	
Died at		Island Creek Calvert		County		MARYLAND	
Date of death		1903 Aug 9		Age		55 years 5 Months 6 Days	
Sex		Male		Color or Race		Colored	
Occupation		Formerly		Birthplace		Calvert Co	
Married, Single or Widowed		Married		Where Residing if not at place of death		At home	
Father's Name		Charles Wilson		Father's Birthplace		Calvert Co	
Mother's Maiden Name		Minnie Wilson		Mother's Birthplace		Calvert Co	
Name of person giving information		Minnie Wilson		How related to deceased		Daughter	
CAUSES OF DEATH							
Primary		Septic meningitis		How long		4 months	
Immediate		Brain tumor		How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John T. Brooks	
Accident or Suicide?				Address		Wm. duval	



Name  
in  
Full

Florence Wood Zollinger

24  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>August</i>	Day <i>31st</i>	Years <i>5-7</i>	Months <i>8</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>A. R. Co. Md.</i>		
Occupation			Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Widow</i>	Name of <del>Wife</del> or Husband <i>Wm. O. Zollinger</i>				
Father's Name <i>William Wood</i>	Father's Birthplace <i>A. R. Co. Md.</i>				
Mother's Maiden Name <i>Mary Louisa Garner</i>	Mother's Birthplace <i>Charles Co. Md.</i>				
Name of person giving information <i>Mary Garner Zollinger</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Concussion &amp; Fracture of Skull</i>	How long <i>42 hr</i>
Immediate <i>Respiration &amp; circulation</i>	How long <i>1 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. B. [unclear]</i>
<i>[unclear]</i>	Address <i>[unclear]</i>
Accident or Suicide <i>[unclear]</i>	<i>[unclear]</i>

